2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90934 007 ****61.25

DOCUMENT # 725554

1. Entity Name
SECTION TEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6724 NW 61 STREET SECTION 10 ASSOC. TAMARAC FL 33321-5619	6724 NW 61 STREET SECTION 10 ASSOC. TAMARAC FL 33321-5619

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7320950 ~~23-7320850~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REISS, JOAN
6105 NW 69 AVENUE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: McAdams, Maryellen
Street Address (P.O. Box Number is Not Acceptable): 6008 NW 66 Terr.
City: Tamarac, FL 33321
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maryellen McAdams 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE	T	☐ Delete	TITLE	T	☑ Change ☐ Addition
NAME	MILLER, MELISSA		NAME	Walling, Shirley	
STREET ADDRESS	6110 NW 72 AVENUE		STREET ADDRESS	6016 NW 66 Terr.	
CITY-ST-ZIP	TAMATARAC FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	PDP	☐ Delete	TITLE	PDP	☑ Change ☐ Addition
NAME	REISS, ALEX		NAME	Licker, Michael	
STREET ADDRESS	6105 NW 69 AVENUE		STREET ADDRESS	6000 NW 66 Terr.	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	PVP	☐ Delete	TITLE	PVP	☑ Change ☐ Addition
NAME	MARKS, MURRAY		NAME	Serrano, Juan	
STREET ADDRESS	5816 NW 70 AVENUE		STREET ADDRESS	6100 NW 40 Avenue	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	SVPD	☐ Delete	TITLE	SVPD	☑ Change ☐ Addition
NAME	REISS, JOAN		NAME	McAdams, Maryellen	
STREET ADDRESS	6105 NW 69 AVENUE		STREET ADDRESS	6008 NW 66 Terr	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	S	☐ Delete	TITLE	S	☑ Change ☐ Addition
NAME	BREITSTEIN, JUNE		NAME	King, Cecil	
STREET ADDRESS	6713 NW 59 STREET		STREET ADDRESS	6715 NW 60 St.	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maryellen McAdams SIGNATURE REQUIRED 4/9/03 954.726-2060